

HEALTH SCRUTINY COMMITTEE

17 NOVEMBER 2021

PRESENT

Councillor Dr. K. Barclay (in the Chair).

Councillors S. Taylor (Vice-Chair), A. Akinola, Miss L. Blackburn, R. Chilton, M. Cordingley, S.J. Gilbert, B. Hartley and J. Lloyd

In attendance

Diane Eaton	Corporate Director Adult Services, Trafford Council
Sara Radcliffe	Acting Joint Accountable Officer, Trafford Clinical Commissioning Group
Thomas Maloney	Health and Social Care Programme Director, Trafford Council
Ric Taylor	Lead Commissioner Mental Health and Learning Disabilities, Trafford Clinical Commissioning Group
Jilla Burgess-Allen	Consultant in Public Health, Trafford Council
Fabiola Fuschi	Governance Officer, Trafford Council

21. ATTENDANCES

Apologies for absence were received from Councillors Acton and Western. Helen Fairfield, representative of Trafford HealthWatch also submitted her apologies.

Councillor Slater, Executive Member for Health, Wellbeing and Equalities informed the Committee that could not attend this meeting.

22. DECLARATIONS OF INTEREST

Councillor Taylor declared a general interest in so far as any matter related to her employment with the NHS.

23. PUBLIC QUESTIONS

There were no public questions received

24. MINUTES

RESOLVED that the minutes of the meeting held on 15th Sep 2021 be approved as a correct record.

25. INTEGRATED CARE SYSTEM LOCALITY PROGRAMME UPDATE

The Committee gave consideration to a report of the Acting Joint Accountable Officers for Trafford Clinical Commissioning Group (CCG) on progress made in

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advance of the establishment of the Greater Manchester Integrated Care System (GM ICS) in April 2022.

The Committee had requested this item for today's agenda to look at the changes implemented so far into the health and social care system and the benefits for residents.

The Acting Joint Accountable Officer and the Health and Social Care Programme Director were in attendance to present the content of the report and answer the questions of the Committee.

Officers informed that, in connection with changes in the national legislation, from April 2022, a new system would be in place to commission and deliver health and social care services in England. With regard to Greater Manchester (GM), this meant that all CCGs would cease to exist and Integrated Care Systems would be put in place across the ten localities, including Trafford.

Officers outlined the new governance structure for the ICSs and the ongoing work to allow the new system to be in place by April 2022. Officers described the three elements of the local infrastructure; these were: a Locality Board with a strategic role, a Provider Collaborative to deliver care and a Clinical and Practitioner Senate to provide independent and impartial advice on any proposals for service change. Officers informed that the employment contracts of all members of staff below board level would be transferred to the new ICSs. For the other employees, a period of consultation had started.

Members sought and received clarification on matters concerning the employment status of members of staff transitioning from CCG to ICSs, the risk for patients during the transition period, communication with members of the public about the change, the patient voice and the statutory accountability of the new health organisation.

Members also asked about impact and benefit of the new system for patients and how to enhance decision making at local level. Officers responded that there was a robust and long tradition of partnership working in Trafford and across GM. This would constitute the strong base for further collaboration and joined-up approach to improve health outcomes for residents and their experience of care services. The objectives for residents remained those listed in the NHS strategy in 2019: to live longer and independently.

RESOLVED:

1. That the content of the report be noted;
2. That progress reports on the implementation of ICSs be brought to the Committee in Jan and Mar 2022;
 - a. The progress reports to provide information on ICSs' funding and financial flow to providers and patient voice;
3. That the weekly ICS transition staff briefing be shared with the Committee.

26. TRAFFORD MENTAL HEALTH & WELLBEING STRATEGY

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The Committee considered a report of the Lead Commissioner Mental Health and Learning Disabilities, Trafford Clinical Commissioning Group (CCG) on the new Mental Health and Wellbeing Strategy 2021/22.

The Committee had requested this report to understand how Trafford's residents could benefit from the main changes the strategy intended to deliver.

The report author was in attendance accompanied by the Acting Joint Accountable Officer and the Health and Social Care Programme Director.

Officers outlined the main elements of the strategy, the commitment to a whole system approach, the strong focus on delivering an all age strategy, more person centred approach, consideration of families and communities, the shift away from crisis to a preventative mental health agenda and the de-stigmatisation of mental health.

Officers described the redesigning of community mental health services and specialist services to be located closely to citizens and primary care settings. Certain functions would sit closer to people requiring care and support. Improving access and communication to support citizens to reach their mental health outcomes. Work with Public Health around inequalities and the social determinants of health.

Officers outlined current challenges and risks: the demand for mental health services was climbing in number and complexity with repercussion on many people who waited with support of the voluntary sector network. Long waiting times to access ASD and ADHD (Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder) services and support requested from Greater Manchester Health and Care Partnership and lead mental health providers.

Members sought and received clarification on the long waiting lists to access mental health services and workforce's resilience and capacity. Officers informed that there was a GM programme in place aimed at providing information and advice for people waiting for treatment. Officers also referred to the role of all front line services and social prescribing.

Members asked about the analysis of where needs were originated and how budget was apportioned to address those needs.

In light of the impact of the pandemic on children and young people and the increased use of drugs and instances of self-harm, Members asked about mental health support in educational settings. Officers referred to the part of the new Mental Health Strategy dedicated to children and young people and the work of commissioners in Children's Services.

Members agreed that there were opportunities for a joint piece of work with the Children and Young People's Scrutiny Committee on mental health services for children and young people and current needs and demand.

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Members also stressed the importance of communication between housing providers and health services to raise awareness and provide support.

RESOLVED:

1. That the content of the report be noted;
2. That a progress report be presented to this committee in November 2022 and that a representative from Bluesci Support attend this meeting;
3. That additional information on ASD and ADHD services be presented to this committee in June 2022;
4. That a joint piece of work between Health Scrutiny and Children and Young People's Scrutiny Committee to explore what support is available in schools for children and young people be considered.

27. LOCAL RESPONSE TO TRENDS IN ALCOHOL CONSUMPTION AND HARM

The Committee considered a report of the Acting Director of Public Health which addressed the question of alcohol as risk factor, the consequences of increase in alcohol consumption and how Trafford services were responding to changes in demand.

The Consultant in Public Health attended the meeting to present the information and addressed the questions of the Committee.

The Officer informed that, comparing March 2020 and March 2021, there was a 58.6% increase nationally of people reporting that they were drinking at increasing and high risk levels. However, this varied amongst groups and both alcohol related deaths and deaths caused by drugs had been increasing for many years.

The Officer continued informing of the first Greater Manchester (GM) Drug and Alcohol Strategy 2019-21 which set out the plan to reduce harm caused by alcohol and drugs, with prevention and early intervention highlighted as first of the six priorities.

The Officer outlined the measures which had been put in place to respond to alcohol misuse during the pandemic; amongst these, the enhancement of the digital offer by Greater Manchester Mental Health which provided a range of psychological interventions including for alcohol related harm.

The Officer highlighted that there was an issue in terms of public awareness as there was a high number of people drinking at harmful level who were not aware of it. A priority for Trafford was to address the need for more integrated and holistic care for service users experiencing a wide range of complex problems. The focus on integrated and early response for prevention and treatment for harmful alcohol use, including carers, families and the wider community.

Members asked whether Regulatory Services continued to check compliance of licenced premises with the rule of not to sell alcohol to any person under the age of 18 years. Members agreed that a cultural change was necessary and discussed how the Council could promote and support the message of town centres flourishing without alcohol related activities.

The Committee asked for demographic data of how alcohol related issues were distributed through the Borough, alcohol consumption, presence of licenced premises (per ward) and whether the data was linked with consumption.

Members asked how support for men, with issues of excessive drinking who also lived on their own could be linked to existing MH groups.

The Consultant for Public Health would look for the information requested by Members and provide the answers.

RESOLVED:

1. That the content of the report e noted;
2. That a written update on the issue be provided to the Committee in due course.

28. UPDATE ON THE COUNCIL'S POVERTY STRATEGY AND THE WORK OF TRAFFORD'S POVERTY ACTION GROUP

At its meeting in September 2021, the Committee had agreed to appoint Councillor Ben Hartley as its representative to the Council's Poverty Action Group, a multi-partnership group which oversaw the progress on the implementation of the Trafford's Poverty Strategy.

Councillor Hartley updated the Committee on the latest work of the Action Group which encompassed the production of an action plan to alleviate poverty across the Borough, the contribution to the production of the Poverty Strategy for 2022-2025 and the launch in 2022 of the Poverty Truth Commission to hear from the people with lived experience of poverty to have their voice at the heart of the Poverty Strategy.

RESOLVED:

1. That the report be noted;
2. That the Committee continue to support the work of the Poverty Action Group in order to alleviate poverty and reduce health inequalities in Trafford.

29. HEALTH SCRUTINY WORK PROGRAMME 2021/22

The Committee considered the following topics for review:

- Housing;
- What role the Council takes into inclusion and credit union, one stop shop and social prescribing;
- Social landlords;
- Council Tax support

Additional topics for review can be emailed to governance.services@trafford.gov.uk

30. URGENT BUSINESS (IF ANY)

There were no items of urgent business received.

31. EXCLUSION RESOLUTION (REMAINING ITEMS)

None

The meeting commenced at 6.30 pm and finished at 8.52 pm